Los Ameles County Sheriff's Department

Officer Involved Shooting

							Page	1 of 5
Report Date		/Station/Facility:	图 "CORDO" A.	A CONTRACTOR	AND TO CASE LINE MESS	Admin, Inve	et 2	Hit?
05-08-1	9	Eas	t Los Angeles St		MARINE AND PROPERTY	Admini, invo	er menographical	THE W
			Incident Informat	ion				. Vital
URN: 0°	16-08468-0250-01	3	Date:	06-11	-16	Time:	1	430
City or Station:	Manusod		Nature of Incident:					
	Maywood		Deputies respo					
Corona Ave	กแล		call. The suspe		ed himself	with a makes	hift spear	when a
Maywood, CA 902			shooting occur	red.				
Location Type	Lighting (check o	nly ons):	Incident Type (check	one or mo	ore):	Initiated by (chec	k only one)	
(check one or more):	☐ Darkness		Accidental			Arrest Warran	nt	
Backyard	✓ Daylight		✓ Armed Person		i	✓ Call		
Beach	Other		Fleeing Suspect		1	☐ Observation		
Business	Street Lights		Gun Take Away			One Person I	Unit	
Freeway			Moving Vehicle			Other		
Industrial	Weather (circle o	miy one):	Sniper/Ambush		1	Search Warra		
Park	Clear		Startle		1	Two Person	Jnit	
Parking Lot	Cloudy		Struggle Involved		ì	Prior Activity (sh	ack only one	·
Residence	Fog		Traffic Stop				sen only one	,
Rurat	Rain		Unamed Person			Detective		
School	L Kans		Unintentional			Inmate Trans	port	
Street	Distance:		Vehicle Pursuit			Other		
Other:	6-8	feet	Warrant Service			Routine Patro	bil .	
Total # of Shots Fired by I	Deputy Total # of Shots F	ired by Suspect	Warning Shot				7	
4		0	Other:			Aero Unit?	Can	ine Unit?
		100	Employee Witnes	eas 添	A Washington		A North Alle	
Employee #	Last Name	Fira	Name	MI	ShiftTime (chec	k only one) Shift?	ype (check or	ily one)
					EM PA	Day Re	gular Over	rtime Off Duty
Employee #	Last Name	First	Name	M.I.	ShiftTime (chee		ype (check or	
	Alatorre		Jaime	NMI	EM PA			rtime Off Duty
Employee #	Last Name	Firs	Jose Jose	M.I. A.	ShiftTime (chec		Type (check o	nhy one): rtime 🔲 Off Duty
PARTY CONTRACTOR CONTR	Cuevas	ON OUT THE WAR				A Day A Live	AND THE PARTY OF T	A STATE OF CALL
			DEED PLOYER ONLD	estes		33343114. 4	A RESERVED TO	Statement State and State of S
Last Name				First N	ame			M.I.
Street Address		City		Zip	W	ork Di	Home O	
Last Name				First N	ame			M.I.
9		City		Zip 🕶	W	ork	н	
3		Ony						
Last Name				First N	lame			M.I.
Street Address		City		Zip Co	vde W	ork Dh	Hamo D	ile
30		Only						
			東京の大学学会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会	700	Was and		Y A THINK	
			Control of the same	AND THE PARTY	(check one o			MANAGE STATE
Employee # Last I	Name	First N		M.I.	On Duty	niore).	☑ Witnes	s to shooting
	Moreno		Dianne	NMI		luring shooting		ed in shooting
Employee # Last I	Vame	First N	lame	M.I.	(check one o			
Cultivitée à Cast I					On Duty		☐ Witnes	s to shooting
	Parks		Frank	E.	Present o	luring shooting		ed in shooting
			A CONTRACTOR		September 1	FLORE SERVICE		
Employee #	Last Name		the state of the s	Fi	rst Name	e dipolitic de la Colonia de Colo		M.I.
Etipicates #		Flores				Joel		NMI
TO DESCRIPTION AND AND AND AND AND AND AND AND AND AN		STREET, CARRELL	Watch Comman	AA SEE	J. 18 18 18 18	A. F. F. S. S. S.	7. 3 (W. 1868)	
	ME ASSESSED AND A		waten Comman					ALCENT LICENSE
Employee #	Last Name			Fi	irst Name	6.1-11		M.I.
		Salinas				Alejandro		NMI

PSTD Use Only
SH# 2405395

SUPPLEMENTAL EMPLOYEE WINNESSES Los Angeles County Sheriff's Department

Page 2 of 5

mployee Witnesses			Lucia di Selie	
ast Name Gonzalez			Daniel	M.I. D.
East Los Angeles S	Zip C tation		rk Ph 323) 264-4151	Home Ph
ast Name	First	Name		M.I.
itreet Address	Zip C	ode Wo	rk Ph	Home Ph
ast Name	First	Name	-	M.I.
Street Address	Zip C	ode Wo	rk Ph	Home Ph
ast Name	First	Name		M.I.
Street Address	Zip (ode Wo	rk Ph	Home Ph
ast Name	First	Name	1;1,2,	м.ј.
Street Address	Zip C	Code Wo	rk Ph	Home Ph
ast Name	First	Name		M.L.
treet Address	Zip (Code Wo	rk Ph	Home Ph
ast Name	First	Name		M.I.
Street Address	Zip (Code Wo	ork Ph	Home Ph
ast Name	First	Name		MJ.
Street Address	Zip (Code Wo	rk Ph	Home Ph
Last Name	First	Name		M.I.
Street Address	Zip	Code Wo	ork Ph	Home Ph
Last Name	First	t Name		M.I.
Street Address	Zip	Code We	ork Ph	Home Ph
Last Name	Firs	t Name		M.I.
Street Address	Zip	Code W	ork Ph	Home Ph
Last Name	Firs	t Name		M.I.
Street Address	Zip	Code W	ork Ph	Home Ph
Last Name	Firs	t Name		M.I.
Street Address	Zip	Code W	ork Ph	Home Ph
Last Name	Firs	t Name		M.I.
Street Address	Zip	Code W	ork Ph	Home Ph
Last Name	Firs	t Name		M.1.
Street Address	Zîp	Code W	ork Ph	Home Ph
Last Name	Firs	st Name		M.I.
Street Address	Zip	Code W	ork Ph	Home Ph

Officer Involved Shooting Involved Employee Information

URN: 016-08468-0250-013

Page 3 of 5

Latine se			-Involved	Employee					
1 Employee #	Last Name		Chinarian		First	Name	Eric	M.I.	IMI
Sex: M Race: W	Rank: DSG		Unit Assignment East Los A	ngeles Stat	ion	Assignment (Ui	nit #, Module, etc. Unit 28	.):	
ShiftTime (circle only one): EM PM Day	ShiftType (circle only one). Regular Overtime (Off Duity	Intoxication/Dru	ıç Usage?	Subst	ance Used:			
Hospital Admission?	Hospital Name:		Coroner Case	, 🗌	Coro	ner Case #		Interviewed?	· 🗆
Hrs of sleep prior to shooting: 5.5 - 6 hours Age: Height:	Weight	Plain 0	(circle only one). Clothes no Vest Clothes w/ Vest	Raid Jacket w/ Uniform no Ves	Vest t	Factors:			
Range Qualification Date:	'08" 185		alification Date	/ Uniform w/ Ves		Laser Traini	ng Date:		
Certified with Weapon Used?	Patrol Certification?	Certifica	ation Unit:	Prior S	Shootings?	Number		Directed Farce:	
Weapons Fired Brand: Berg	etta ^{Caliber} 9mn	# SI	hots 4	Weapons Fired Brand:			Caliber	# Shots	
Field Training Officer Emp #	ast Name				First	Name		M.I.	
Field Training Officer Emp #	Last Name				First	Name		M.J.	
Employee #	Last Name	ray	AND THE STATE OF T		Fire	Name	ALL COMMONDS OF THE	M.1.	
Sex: Race:	Rank;		Unit Assignmen	yt.	Work	Assignment (U	nit #, Module, etc	.):	
ShiftTime (circle only one):	ShiftType (circle only one)	Off Duty	Intoxication/Dr	ug Usage?	Subs	tance Used:			
Hospital Admission?	Hospital Name:		Coroner Case	² 🔲	Coro	ner Case #		Interviewed	² 🗀
Hrs of sleep prior to shooting Age: Height:	Duty Time (hrs): Weight:	Plain Plain	(circle only one) Clothes no Vest Jacket no Vest	Raid Jacket w/ Uniform no Ver Uniform w/ Ver	Vest	Factors:			
Range Qualification Date:		PPC Qu	alification Date:			Leser Train	ing Date:		
Certified with Weapon Used?	Patrol Certification?	Certifica	ation Unit	Prior	Shootings	Number Shoots	er of Prior	Directed Force:	
Weapons Fired Brand:	Caliber	# \$	hots	Weapons Fire Brand:	d		Caliber	# Shots	
Field Training Officer Emp #	Last Name				First	Name		M.I.	
Field Training Officer Emp#	Last Name				First	Name		M.1.	
Employee #	Last Name	Agr. Co.			Fin	t Name	The Part of the Pa	M.I.	a confiden
Sex: Race:	Rank:		Unit Assignme	nt:	Work	Assignment (U	Init #, Module, et	C.):	
ShiftTime (circle only one):	ShiftType (circle only one): Regular Overtime	Off Duty	Intexication/De	rug Usage?	Subs	tance Used:			
Hospital Admission?	Hospital Name:		Coroner Case	97 🔲	Coro	ner Case #		Interviewed	? [
Hrs of sleep prior to shooting	Duty Time (hrs):		(circle only one): Clothes no Vest	Raid Jacket w		r Factors:			
Age: Height:	Weight:	Plain	Clothet w/ Vetl Jacket no Vest	Uniform no Ve Uniform w/ Ve					
Range Qualification Date:		PPC Q	ualification Date:			Laser Trair	ning Date:		
Certified with Weapon Used?	Patrol Certification?	Certific	eation Unit:		r Shootings	Numb Shoot		Directed Force:	
Weapons Fired Brand:	Caliber	# 5	Shots	Weapons Fire Brand:			Caliber	# Shots	
Field Training Officer Emp#	Last Name				Firs	Name		M,l.	_
Field Training Officer Emp #	Last Name					t Name		M.J.	

Officer Involved Shooting Suspect Information

_	_	'n	21	
_	_	-11	RΙ	M.

016-08468-0250-013

Page 4 of 5

			uspect li	nformation		
S 1	Last Name	Duran		First Name	Jesus	M.I. A.
	AKA Last Name			First Name		M.1.
	Sex: M Race: H	Street Address		City		Zip Carlo
	Work Phone: Unknown	Home Obsess	Social Secu	united the same of	Driver's Licens	
	Unknown	Height Weight	FBI#		CII#	
	Age: 31 D.O.B. 05-10-85 Booking #	Height 5'11" Weight 148		Secondary Charge:		
	PACULA 4			Gecondary Charge		
	Coroner Case?	Coroner Case #		Intoxication/Drug Usage?	Substance Used: Methamp	hetamine
	Armed?	Apprehended?		Mentai Iliness?	Criminal History?	
	Vehicle Make Model	Year	Parol	e: No Probation: I	No Prior Felony	Conviction: No
S	Last Name		2 (4) (2)	First Name	Branch M. The Reference of the Control of the Contr	M.I.
_	AKA Last Name			First Name		M.I.
	Date:	Ctrast Address		Co.		State & Zip Code:
	Sex: Race:	Street Address:	Social Sec	City	Driver's License #:	
	Work Phone:			wenty w		
	Age: D.O.B.	Height: Weight:	FBI#		CII#	
	Booking #	Primary Charge:		Secondary Charge		
	Coroner Case?	Coroner Case #		Intoxication/Drug Usage?	Substance Used:	
	Armed?	Apprehended?		Mental Illness?	Criminal History?	
	Vehicle Make Model		Parol		Prior Felony	Conviction:
	STEEL STATE OF THE			First Name	Comments of the streether	M.I.
S	Last Name			First Name		M.I.
	AKA Last Name			; adt ramite		
	Sex: Race	Street Address:		City		State & Zip Code:
	Work Phone:	Home Phone:	Social Sec	surity #:	Driver's License #:	
	Age: D.O.B.	Height: Weight:	FBI #	·	CII#	
	Booking #	Primary Charge:		Secondary Charge	E	
		Coroner Case #			Substance Used:	
	Coroner Case?			Intoxication/Drug Usage?		1
	Armed? Mode	Apprehended? Year:	Paro	Mental Illness? Probation:	Criminal History? Prior Felon	Conviction:
			· · · · · · · · · · · · · · · · · · ·			
s	Last Name			First Name		M.I.
_	AKA Last Name			First Name		M.I.
	Sex: Race:	Street Address:		City		State & Zip Code:
	Work Phone:	Home Phone:	Social Sec		Driver's License #:	
		Height: Weight:	FBI#		CII#	
		Primary Charge:	1010	Secondary Charge		
	Booking #			Secondary Charge		
	Coroner Case?	Coroner Case #		Intoxication/Orug Usage?	Substance Used:	
	Armsed?	Apprehended?		Mental filness?	Criminal History?	y Conviction:

50 mm

(SL) Slug (WW) Other caliber

(50)

.357 caliber

30-60 caliber

,38 caliber

.40 caliber

(25) (30) (35)

(36) (38)

(40)

12 guage

20 guage .22-250 .22 caliber

,223 caliber

								1 age		
	Same Line				Rollout Informat	lon				
Arrival	Date 06-11-1	6 Ar	rival Time	1720	Date Submitted	05-08-19	Date of Recommendation			
Emplo	yee # Las	Name		Maldo	nado	First Name	Albert		M.I.	M.
mplo	y ee ####Las	Name		Han	nil	First Name	Jeffrey		M.1.	F.
mplo	yee # Las	Name		Val	e	First Name			M.I.	S.
				Shoot		ormation				
eth			approximation of all the contractions.				of Injury	Body	Part Ir	iur
WOOD CRANT CONTROL OF THE CONTROL OF	Arwent Baton:(Control) Baton:(Impact) Badily Fluids Canine Carotid Restraint Choke Hold Control Holds:(Control Control Holds:(Team Explosives Firearm (Handgun) Firearm (Handgun) Firearm (Shotgun) Firearm (Other) Flashbang Flashlight Other Weapon: Edger	Takedown) own) Spray) ar Gas)	(OB) (OO) (PK) (PS) (PH) (PP) (PO) (RS) (CN) (RH) (HB) (TP) (SH) (SG) (SH) (SG) (SH) (SG) (SH)	Other Weapo Personal We Personal We Personal We Personal We Personal We Resistance Resistance Restraint Der Restraint Der Restraint Der Restraint Der	on: Blunt Object on: Other apon: Feet/Leg: (Kick) apon: Feet/Leg: (Swee apon (Hand/Arm) apon (Push) apon (Other) vice (Capture Net) vice (Handcuffs) vice:Hobble (Legs Onlivice:Hobble (TARP) vice: REACT Belt	(AB) (BR) (BU) (CP) (CO) (DH) (DI) (DB) (FR) (GS)	Abrasion Bruise Burn Complaint of Pain Concussion Death Dislocation Dog Bite Fractures Gunshot Human Bite Lacerations Nerve Damage Organ Damage Paralysis Puncture Wound Soft Tissue Damage Sprain/Twists Unconscious	(AD) (AK) (AR) (BK) (BT) (CH) (FE) (FE) (GR) (HD) (HE) (KN) (LE) (SK)	Abdom Ankle Arm Back Buttock Chest Elbow Face Feet Fingers Genital Groin Hand Head Hip Interna Knees Leg Neck Should	en s
ran (K) (R) (K) (K) (K) (K) (K) (K) (K) (K) (K) (K	AK-47 Benelli Beretta Browning Charter Arms Colt Davis Industries Glock	(IV) (JE) (LO) (LU) (MA) (MO) (NC) (NA) (NO)	tver Johnson Jernings Lorcin Luger Madin Mossberg NCI aka SKS North America North Control	(RO) (SW) (SR) (SS) (ST) (TA) (WE) (WE) (US)	Rossi Smith & Wesson Sturm Ruger SIG Sauer Sterling Taurus Weatherby Winchester US Government	(10) 1	Refused Med Treatment NONE Pr 9 mm (24) .243 ca 0 mm (25) .25 cal 2 quage (30) .308 ca	ber (4	14) .44	0 gua

Other Brand

Handmade (Inmate)

Homemade (Non-Inmate)

(US) (YY)

(XX)

(ZZ)

FORCE APPLIED (one code per block)

(RA)

(RM)

(RG) (RI)

Raven

RG RGI

Remington

Hi Standard

Harrington & Richardson

H&K

Ithica

(HA)

(HI)

(HK)

Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Brand (Code)	Caliber (Code)	Authorized Weapon? (Y/N)	Authorized Ammunition? (Y/N)	Type of Injury (Code)	Body Part (Code)
S1	E1	OE	XX				NN	NN
E1	S1	FH	BR	9	Y	Υ	GS	AR, BK

County Sheriff's _epartment Supervisor's Report on Use of Force Page 1 of 4

		Incluent informa			
	URN: 0 1 6 - 0 8 4 6 8 - 0 2	5 0 - 0 1 3 D	ate: 06-1	1-16 Time:	1430
	Location: Corona Av	enue City	y or Station:	Mayw	ood
	Bureau/Station/Facility: Eas	t Los Angeles Station		Admin. Investigation	YES • NO
	Type of Force: Taser and Firearm				
	Incident Category : 01 02 • 3	Deputy Injur	y: OYES @	NO Suspect Injur	y OYES ONO
	☐ Call ☐ Observati	on De	tail	Foot Pursuit	☐ Vehicle Pursuit
	IAB Notified: YES O NO Person Notified	Lt. Maldonado	Emp:	IAB Roll	Out YES NO
	E Last Name	Involved Employ		b.a:	iddle Dank
E <u>1</u>	Chinarian		Eric	M	iddle I. Rank NMI DSG
	Sex: Race: Height: Weight: M O F W 5'08" 185		O Day PM	Regular Shift (OT Shift Off Duty
	Unit of Assignment:	Work Assignment (Unit #	, Module, etc.):		
	East Los Angeles Station			it 28	
	Individual Force Used: Firearm		Directed (Reso	ue (Medical Assist	Individual Category 1 2 3
	☐ Injured ☐ Treated ☐ Admitted Facili	ly:			Coroner Case #
E 2	Last Name	First N	lame	Mi	dish Beni
	Sex: Race: Height: Weight: 5'10" 175	Age: Shift: EM	● Day	Regular Shift (OT Shift Off Duty
	Unit of Assignment:	Work Assignment (Unit #	, Module, etc.):		
	East Los Angeles Station				Catalana Ca
	Individual Force Used: Taser	C	Directed (Reso	ue (Medical Assist	Individual Category 1 2 3
	☐ Injured ☐ Treated ☐ Admitted Facility	ty:			Coroner Case #
E_	Employee # Last Name	First N	lame	M	iddle I. Rank
	Sex: Race: Height: Weight	Age: Shift: EM	O Day O PM	Regular Shift (OT Shift Off Duty
	Unit of Assignment:	Work Assignment (Unit #	, Module, etc.):		
	Individual Force Used:			· · · · · · · · · · · · · · · · · · ·	Individual Category
			Directed (Res	cue (Medical Assist	01 02 03
	☐ Injured ☐ Treated ☐ Admitted Facili	ity:	()		Coroner Case #
		On Duty Supervi			litional Involved Employees
	Last Name Moreno	First Name Dianne	Middle I. NMI	Rank Present	
		Supervisor Completing	Investigation	1200	
	Last Name Valle	Paul	Middle I. S.	SGT YES ONO	
	Emp_# Last Name	atch Commander / Super First Name	Middle I.	Rank	
	Salinas	Alejandro	NML	LT	
	Table Comment of the		-	B	
	Watch Commander / Supervising Lieutenant's S	ignature: Da	пе Сору	Provided to Emplo	yee by: Emp #:
	Unit Commander (Print Name)	Unit Comma	nder's Signatui	re: E	mp#: Date
	DISCOVERY Use Only FO#	PPI REVIEW COM	PLETED	Original: Discovery U	dos
	2434331			copy. One Commark	DEF SH-R-438P (Rev. 01/13)
	-101301				

Servisor's Report on Use of Foce SUSPECT INFORMATION

0 1 6 - 0 8 4 6 8 - 0 2 5 0 - 0 1 3

Page 2 of 4

					Suspe	ct Informatio	n			
S 1	Last Name Duran		1	First Name	Jesus		Middle Name		12 Select Weapon: Edged	
_	AKA Last Name					Name	A.	Middle Nan		
	Sex:	Race:	Age:	Height:	Weight	D.O.B:	Phone #1: (a) H (ne #2: O H O W O	_
	Male	H	31	5'11"	148	05-10-85	(Phone #1. (a) H ()		N/A	_
	Street Address:					City:		State & Zie	Codo	
	Booking #:	Prima	iry Charg	ge Code:	245(a)(1	1) PC Secon	ndary Charge Code:		Criminal Histor	ry
	Treated on Scene? Y	ES ()	NO Nar	ne: LAC	o Fire D	epartment				-
	Hospital Admission?	Rec'd Tre		At: St. F			coroner Case #: 16-		al History \(\sum User's guide properties on this of the direction of the dire	vides entry
	-	O	_							vides
	Under Influence: YES	S ON		ubstance:	The state of the			in force? YE	S NO User's guide pro- direction on this	entry With the
		me:	Van Kalici.	Audio	tape:	Videotape:	Photos of I	Injuries:	ADMITS HEARING ANNOUNCEMENTS	/ a- 51
S	Last Name			First Name	Susp	ect Informat	on Middle Name	Armed	1? Select	
	AKA Last Name				First	t Name		Middle Nar	ne	
	Sex:	Race:	Age:	Height:	D.O.B.	Weight:	Phone #1: O H O	W O C Pho	ne #2: O H O W C) C
	Street Address:			-	1	City:		State & Zi	p Code:	
	Booking #:	Prima	ary Chan	ge Code:		Seco	ndary Charge Code:		Criminal Histo	ry
	Treated on Scene?	res (NO B	By:			Unit:	Phone #	1:	
	Hospital Admission?	Rec'd Tre	eatment	At:		-	Coroner Case #:	Ment	al History User's guide produced on this	ovides entry
	Ву:			Address:				Phone #:		_
	Under Influence: YE	s On	physical maker of	ubstance:		SP B C ST (SAS).	5160 a factor	in force? O YE	S NO User's guide pre direction on this	ovides entry
	Date: T	ime:	a vilanta di	Audio		Videotape:	Photos of	Injuries: [ADMITS HEARING ANNOUNCEMENTS	gerade gee
S	Last Name			First Name	Suspe	ect Informatio	Middle Name	Arme	d? Select	
_	AKA Last Name				Firs	t Name		Middle Nar	me	
	Sex: Male Female	Race:	Age:	Height:	D.O.B.	Weight:	Phone #1: O H	W O C Pho	ne #2: O H O W C) C
	Street Address:					City:		State & Zi	p Code:	-
	Booking #:	Prima	ary Char	ge Code:		Seco	ndary Charge Code:		Criminal Histo	ory
	Treated on Scene?	res ()	NO E	Зу:			Unit:	Phone #	*	
	Hospital Admission?	Rec'd Tre					Coroner Case #:	Ment	al History User's guide produced on this	ovides s onby
	Ву:	- 0		Address:						ovides
	Under Influence: O YE	s () N	O S	substance:	Charles and Alberta		5150 a factor	in force? () YE	S NO Voer's guide pr direction on this	antry
		ime:	. Jan San	Audio	otape: [Videotape	Photos of	Injuries:	ADMITS HEARING	
	SH-R-438P (Rev. 01/13)							Addition	al Suspects Involve	d

S—ervisor's Report on Use of F—e EMPLOYEE / NON-EMPLOYEE INFORMATION

0 1 6 - 0 8 4 6 8 - 0 2 5 0 - 0 1 3

Page 3 of 4

		Employee Witnessi	es					
Emp. # Last Name	41.4	First Name		N	Middle Name			
	Alatorre		Jaime			NM		
Unit of Assignment:	Work Assignment (Un		Shift:	av OPM	Ren	ular 🔾 o	Off Duty	
East Los Angeles Station Emp. # Last Name	j Un	it 28 First Name	1000		Aiddle Nar		,. O bully	
	Cuevas		Jose	"	THE PROPERTY OF	A.		
Unit of Assignment:	Work Assignment (Ur		Shift:	au Opm	(A) Poor	utar Oc	Off Duty	
East Los Angeles Station	Un	First Name	O EM O		Middle Na		, Our bully	
Emp. # Last Name		First Name			vildaje Nai	ne		
Unit of Assignment:	Work Assignment (U	nit #, Module, etc.):	Shift:	ay PM	Reg	ular 🔾 0	OT Off Duty	
		Non-Employee Witne						
Last Name	First Name		Middle Name			Age	D.O.B.	
Street Address		City	Zip (Code	Phone #1	P	hone #2	
Last Name	First Name		Middle Name			Age	D.O.B.	
Street Address		City	Zip (ode	Phone #1	P	hone #2	
Last Name	First Name		Middle Name			Age	D.O.B.	
Street Address	<u></u>	City	Zip C	ode	Phone #1	P	hone #2	
Last Name	First Name		Middle Name			Age	D.O.B.	
Street Address		City	Zip C	ode	Phone #1	P	hone #2	
Last Name	First Name		Middle Name			Age	D.O.B.	
Street Address		City	Zip (ode	Phone #1	P	hone #2	
Last Name	First Name		Middle Name			Age	D,O,B.	
Street Address		City	Zip (Code	Phone #1	P	hone #2	
Last Name	First Name		Middle Name			Age	D.O.B.	
Street Address		City	Zip C	ode	Phone #1	P	hone #2	
Last Name	First Name		Middle Name			Age	D.O.B.	
Street Address		City	Zip C	ode	Phone #1	P	hone #2	
Last Name	First Name		Middle Name			Age	D.O.B.	
Street Address		City	Zip C	ode	Phone #1	P	hone #2	
						Addit	ional Witness	

Shervisor's Report on Use of Force
0 1 6 - 0 8 4 6 8 - 0 2 5 0 - 0 1 3

Page 4 of 4

Method

(AW)	Arwen	(FH)	Firearm (Handgun)	(PO)	Personal Weapon (Other)
(BC)	Baton: (Control)	(FR)	Firearm (Rifle)	(RS)	Resistance
(BI)	Baton: (Impact)	(FS)	Firearm (Shotgun)	(RO)	Restraint Device (Other)
(BF)	Bodily Fluids	(FO)	Firearm (Other)		Restraint Device (Handcuffs)
(CN)	Canine	(FB)	Flashbang	(HB)	Restraint Device: Hobble (Legs Only)
(CR)	Carotid Restraint	(FL)	Flashlight	(TP)	Restraint Device: Hobble (TARP)
(CH)	Chake Hold	(OE)	Other Weapon: Edged	(RE)	Restraint Device: REACT Belt
(CT)	Control Holds: (Control Techniques)	(OV)	Other Weapon: Vehicle	(SP)	Sap
(TT)	Control Holds: (Team Takedown)	(OB)	Other Weapon: Blunt Object	(SH)	Shield
(TD)	Control Holds: (Takedown)	(00)	Other Weapon: Other	(IR)	Less Lethal Impact Round (other)
(CE)	Chemical	(PK)	Personal Weapon: Feet/Leg: (Kick)	(SB)	Sting Ball
(OC)	Chemical Agents (OC Spray)	(PS)	Personal Weapon: Feet/Leg: (Sweep)	(ST)	Stun Bag
(TG)	Chemical Agents (Tear Gas)	(PH)	Personal Weapon (Hand/Arm)	(TR)	Taser
(EX)	Explosives	(PP)	Personal Weapon (Push)	(UC)	Uncooperative
				(HR)	High Risk

Type of Injury				Bod	Part Invo	lved			
(AB) Abrasion (BR) Bruise (BU) Burn (CP) Complaint of (CO) Concussion (DH) Death (DI) Dislocation	(FR) (GS) Pain (HB) (LC) (ND)	Dog Bite Fractures Gunshot Human Bite Lacerations Nerve Damage Organ Damage	(SD) (ST) (UN) (RM)		Abdomen Ankle Arm Back Buttocks Chest Elbow	(FA) (FE) (FI) (GE) (GR) (HD)	Face Feet Fingers Genitals Groin Hands Head	(EX) (EX) (EX) (EX) (EX) (EX) (EX)	Hip Internal Knees Leg Neck Nose Shoulder Wrist

FORCE USED BY		FORCE USED AGAINST		Mathad	Type of	Body Part
Name	E# or S#	Name	E# or S#	(Code)	(Code)	(Code)
Duran	S#1		E#2	OE	NN	
5 6	E#2	Duran	S#1	TR	PW	CH
	E#2	Duran	S#1	TR	PW	CH
Chinarian	E#1	Duran	S#1	FH	GS	AR/BK
		· · · · · · · · · · · · · · · · · · ·				
# 187 AV . P*		· · · · · · · · · · · · · · · · · · ·				
,						
	Name Duran	Name	Name E# or S# Name Duran S#1 E#2 Duran E#2 Duran	Name E# or S# Name E# or S# Duran S#1 E#2 E#2 Duran S#1 E#2 Duran S#1	Name E# or S# Name E# or S# Method (Code) Duran S#1 E#2 OE E#2 Duran S#1 TR E#2 Duran S#1 TR	Name E# or S# Name E# or S# Method (Code) Injury (Code) Duran S#1 E#2 OE NN E#2 Duran S#1 TR PW E#2 Duran S#1 TR PW